

OCCUPATIONAL THERAPY

Service Description

H052-KA

A service that directs the individual's participation in selected activities to restore, maintain or improve functional skills.

This service provides ~~consultation/coaching to teams through evaluation, and ongoing~~ assessment, training, and/or treatment to ~~Division members and is designed to~~ maintain or improve participation and independence ~~in the member's daily activities in activities that support function.~~ This service shall ~~develop and~~ train ~~memberseconsumers~~ and/or their caregivers in therapeutic activities ~~in order for the member and caregivers to be able to implement the and treatments designed to maintain or improve participation and independence in~~ activities throughout the member's day (~~such therapeutic activities are~~ referred to as a "home program"). ~~Evaluation, assessment, training, and treatment are based on that support functional~~ outcomes identified in the ~~member's planning document [e.g., Individual Support Plan ("ISP")]~~.

Service Requirements and Limitations

1. This service is intended for ~~memberseconsumers~~ over the age of three (3) years.
2. ~~6-~~ This service shall be provided with a parent/family member/caregiver/responsible person present and participating in the therapy session. Qualified Vendors shall refer to the Division's Provider Manual for guidance regarding participation during therapy sessions.
3. This service~~and~~ may be provided in the following settings:
 - ~~34.1~~ —The ~~membereconsumer~~'s home;
 - ~~34.2~~ —~~The~~ A member's community setting;
 - ~~34.3~~ —A group home;
 - ~~34.4~~ —A developmental home (child or adult);
 - ~~34.5~~ —A skilled nursing facility;
 - ~~34.6~~ —An Intermediate Care Facility ("ICF")~~MR~~; ~~or~~
 - ~~34.7~~ —The Qualified Vendor's office/center; or
 - ~~3.8~~ 4. The therapist may provide direct services during A Day Treatment and Training location as identified in the member's planning document under the following circumstances:

~~3.8.1 With as a component of training the Day Treatment and Training staff present and learning how to implement the activities to meet the member's outcome(s) and in conjunction with the home program, or~~

~~3.8.2 At the request of the member or member's representative and with the agreement of the Day Treatment and Training program. A parent/family member/caregiver/responsible person, other than Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill the Division for the time during which the therapy is occurring~~

~~3. The therapist cannot provide direct services during the student's school hours.~~

~~3.1 A therapist may go to the school to observe, provide technical assistance and collaboration.~~

~~4. 2. This service shall not be provided when the member is hospitalized.~~

~~4. The therapist may provide direct services during day treatment and training as a component of training the day treatment staff how to do activities to meet the consumer's outcomes.~~

~~5. This service shall utilize a The therapist delivers therapies according to the consultation/coaching process model and style of interaction to build the capacity of the member/parent/family member/caregivers to meet the member's planning document outcomes.~~

~~6. The therapist does not provide services without a responsible party present who participates in the therapy session.~~

~~67. This service requires a Primary Care Provider ("PCP") or attending physician's order (i.e., prescription) and must be included in the member's individualized care plan. The care plan must be reviewed at least every 62 (sixty-two) days. An evaluation does not require a prescription.~~

Service Goals and Objectives

Service Goals

~~16. To address the member's unique skills/needs in the following areas:~~

~~16.1 Fine motor;~~

~~16.2 Sensorimotor including sensory processing/sensory integration;~~

~~16.3 Oral motor/Feeding eating (feeding/eating);~~

~~16.4 Reflexes/muscle tone and other neurodevelopmental functions;~~

16.5 Functional living skills including socio-emotional developmental needs; and

16.6 Equipment ~~needs~~ including training, adaptation and/or modification.

2. To support and enhance the member's ability ~~of the consumer and the consumer's family/caregiver to promote the consumer's development and participation in family and community life by providing suggestions and opportunities that facilitate successful engagement in relationships, to participate in~~ activities, routines, and events of everyday life.
32. To ~~assist the member and the~~ parent/family member ~~/caregivers in focus on functional and meaningful outcomes for consumers that supporting the member's development their independence and participation to incorporate learning opportunities throughout the existing daily routine in their community through the activities that interest and fulfill them.~~

Service Objectives

The Qualified Vendor shall ensure that that the following objectives are met:

1. The therapist ~~participates in,~~ conducts or obtains an evaluation/assessment of the member/consumer's development.
 - 1.1 The evaluation/assessment addresses the concerns and questions of the member's planning team as identified in the member's planning document.
 - 1.2 ~~1.3~~ The evaluation is conducted by a qualified ~~therapist~~ personnel who are trained to use appropriate methods and procedures for the member/consumer being evaluated.
 - 1.3 ~~1.4~~ The evaluation/assessment of the member/consumer's development shall include:
 - 1.3.1 ~~(1) A~~ a review of pertinent records related to their member's current health status and medical history;
 - 1.3.2 ~~(2) A~~ a ~~an~~ evaluation of their member's level of functioning and assessment of the unique needs of the member/consumer;
 - 1.3.3 ~~(3) A~~ a ~~an~~ interview with the member and his/her parent/consumer/family member/ ~~and other~~ caregivers; using appropriate questionnaires;
 - 1.3.4 D ~~direct~~ observations by the therapist; and
 - 1.3.5 S ~~standardized tests and procedures (as appropriate), direct observations and consultation with others to gather input regarding daily routines, supports, strengths and concerns.~~
- 1.2 ~~— Evaluation/assessment procedures include consideration of the consumer's developmental capabilities across all domains (cognitive, physical, vision and~~

hearing, communication, social-emotional and adaptive development) that impact their ability to (1) engage or participate, (2) develop social relationships, and (3) be independent.

~~1.3 The evaluation is conducted by qualified personnel who are trained to use appropriate methods and procedures for the consumer being evaluated.~~

~~1.4 Evaluation/assessment procedures and materials selected are administered in the native language of the consumer and/or caregivers or other effective mode of communication, unless it is clearly not feasible to do so, and the process and materials are not racially or culturally discriminatory.~~

1.45 —The evaluation/assessment must result in written evaluation reports. The reports shall:

1.4.1 Address the concerns and questions of that the member's planning team;

1.4.2 Recommend generates in initiating an evaluation/assessment, address the outcomes and strategies for the member's planning document; in the ISP

1.4.3 Recommend a home program and include documentation of how therapeutic activities are to be incorporated into the memberconsumer's daily routine; and-

1.4.4 Document The report may include other recommendations, as identified, such as equipment needs.

1.56 The therapist reviews and discusses evaluation/assessment results with the -member/ member's representativeconsumer/family and other planning team members.

2. The therapist participates as a member of the planning team by:

~~2.1 Assists the consumer and/or the family in identifying their priorities, resources and interests.3. The therapist, as a member of the team, Collaborating and consults with the planningISP team members (including school programs and other therapists) to ensure that all services, supports, and strategies are coordinated and focus on assisting the memberconsumer/family and otherhis/her caregivers to participate in desired activities.~~

~~Techniques or modalities should support one another and not contraindicate each other.~~

~~2.2 to Reviewing and synthesizing information from all assessments, evaluations, pertinent records, memberconsumer and family reports, observations and other sources of information.~~

2.3 2.2.1 The ISP team will identify potential outcomes to be incorporated into the member-consumer's planning documentdaily activities.

2.4 Identifying potential strategies/teaming methodologies to meet the therapy outcomes

~~2.5~~ 5.1 ~~The therapist, as a member of the team, Documents~~ ing and reports ing progress toward therapy outcomes ~~systematically and use this information to develop, review and evaluate the plan.~~

34. The therapist/therapy assistant provides ing intervention, treatment, and training when ~~2-~~ ~~collaborates with consumers/families, caregivers, support coordinators, and other professionals~~ skills are required to develop and implement outcomes/objectives/goals of the member's the planning document Individual Support Plan (ISP).

~~2.2.2~~ ~~The ISP team will identify the supports and strategies that will assist the consumer/family to incorporate therapeutic activities into their daily routines. The team shall ensure that all strategies developed with the family and caregivers are: (1) relevant to the consumer's/family's priorities, resources, and concerns; (2) directly linked to the consumer's daily routines; and (3) based on a holistic understanding of the consumer's life.~~

~~2.2.2.14.~~ The therapist ~~shall develops, trains, and monitors~~ write a home program for the member that:

4.1 ~~Ceontains~~ ing specific activities that the member and his/her parent/therapist has trained the family member/ and caregivers can to do each day to help the member to meet the consumer's his/her outcomes;

4.2 Is part of the member's daily routines;

4.3 Is reviewed and updated by the therapist as part of all treatment sessions; and

4.4 Is documented in each quarterly report including progress, oversight, changes, and/or additions.

4. ~~The therapist uses professional skills to provide intervention, treatment and training to implement outcomes/objectives/goals of the ISP.~~

5. When therapy is no longer reasonable and necessary on a regular basis, the therapist shall assess and establish a functional maintenance program for the member to achieve the outcomes.

~~The therapist attends and contributes as necessary to the ISP meeting and ongoing reviews of the therapy related outcomes.~~

5.1 The therapist shall reassess and revise the maintenance program as needed. The therapist, as a member of the team, documents and reports progress toward therapy outcomes systematically and use this information to develop, review and evaluate the plan.

~~5.2—The therapist maintains contact notes for each session and provides them to the Division as requested.~~

6. Discharge planning is assessed throughout service delivery.

~~The therapist completes or obtains an evaluation/assessment of the consumer's skills and needs in the following areas:~~

~~6.1—Fine motor;~~

~~6.2—Sensorimotor including sensory processing/sensory integration;~~

~~6.3—Oral motor/feeding;~~

~~6.4—Reflexes/muscle tone and other neurodevelopmental functions;~~

~~6.5—Functional living skills including socio-emotional developmental needs; and~~

~~6.6—Equipment needs including adaptation and/or modification needs~~

~~7. The therapist cooperates with the Support Coordinator to ensure that the ISP for this service includes:~~

~~7.1—Identification of the appropriate service delivery setting;~~

~~—7.2—How progress on the ISP functional outcomes is to be measured;~~

~~7.3—Methodologies and strategies for teaching family and caregivers how to use therapeutic activities to improve consumer outcomes; and~~

~~7.4—The potential for developing the consumer's natural supports and non-paid relationships to assist the consumer in acquiring and maintaining skills that maximize the consumer's benefit from therapy intervention.~~

Service Utilization Information

~~This service is for consumers over age three (3):~~

1. The member's planning document outcomes identified in the need for ISP shape the evaluation and assessment, ~~standards of service delivery, and the concerns, priorities and resources of the family/caregiver.~~

2. The outcomes identified in the member's planning document support the model of service delivery.

23. The member's planning ISP team determines who will assist the member family/caregiver and consumer in attaining the outcomes.
43. All ISP-planning team members contribute to the discussion and documentation for types and frequency of services for the member and are not unilateral decision-makers.
54. The therapist follows a physician's order (i.e., prescription) for the frequency and duration of services for the member.
65. Services for the member are time-limited, and are may be revised consistent with ongoing assessment and attainment of anticipated outcomes.
7. Service delivery methods, times, days, and locations are flexible and meet the requirements of the member, the member's representative, consumers and his/her ~~their~~ caregivers as appropriate.
86. The therapist makes recommendations for needed equipment, possible adaptations, and repairs and supports the member and his/her parent/family member caregivers in its use.
- 8.1 The therapist monitors any equipment that supports the member's outcomes related to their disciplines as appropriate.

Rate Basis

1. Published. The published rate is based on one (1) hour of direct service.
2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

1. The Qualified Vendor shall ensure that all direct service providers (therapists and therapy assistants) meet all applicable licensure requirements in order to provide therapy services, including:
 - 1.1 ~~1.~~ Occupational Therapy services must be provided by a person licensed by the Arizona Board of Occupational Therapy Examiners pursuant to Arizona Revised Statutes ("A.R.S."), Title 32, ~~and~~ Chapter 34.
 - 1.1.1 An Occupational Therapists utilizing a Certified Occupational Therapy Assistants ("COTA") must adhere to the supervision licensure requirements from the Arizona Board of Occupational Therapy Examiners pursuant to A. Arizona Revised Statutes, Title 32, ~~and~~ Chapter 34.

1.2 Each Occupational Therapist shall have a National Provider Identifier (“NPI”).

23. The Qualified Vendor and/or appropriate staff will attend administrative meetings, orientation, and various trainings required by the Division.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the member’s Support Coordinator, the member/member’s representative, and the PCP within three (3) weeks of the completion of the evaluation.

1.1 The content of the evaluation report shall include, at a minimum, adhere to the Division’s therapy reporting requirements as identified on the Therapy Assessment/Evaluation Report form.

2. The Qualified Vendor shall ensure that the therapist maintains contact notes for each therapy session and submits the notes to the Division, as requested.

32. The Qualified Vendor shall submit a quarterly individualized progress report on the member to the member’s Support Coordinator, the member/member’s representative, and the PCP within 15 (fifteen) days of the end of the quarter. The quarter is based on the calendar year and the reports are due no later than the fifteenth (15) day following the end of the quarter. The Qualified Vendor shall refer to the Division’s Provider Manual for guidance on report due dates and minimum content of the reports. member’s annual planning cycle. The first quarterly progress report is due no later than the fifteenth (15th) day following the end of the quarter in which the service is initiated. Subsequent quarterly progress reports are due no later than the fifteenth (15th) day following the end of the quarter.

3.1 The content of the report shall include, at a minimum, the document the relationship between the service and the outcome it is intended to achieve as identified on the ISP and adhere to the Division’s therapy reporting requirements as identified on the Division’s Quarterly Therapy Progress/Discharge Report form.

4. 8. The Qualified Vendor shall submit a discharge summary report to the member’s Support Coordinator, the member/member’s representative, and the member’s PCP no later than the tenth (10th) business day after closure of services or a change of a Qualified Vendor.

4.1 The content of the report shall include, at a minimum, the Division’s discharge summary reporting requirements as identified on the Quarterly Therapy Progress/Discharge Report form.

5. 3. The Qualified Vendor shall maintain daily records on file as proof of the number of hours worked by each their direct service staff (therapist, therapy assistants) providing direct service to members.

~~5.1 e.g., staff time sheets.~~ Each time sheet, ~~or~~ equivalent document, ~~or data system~~ must contain the original signature or other independent verification (that complies with A.R.S. § 41-132) of the member/member's representative after service delivery ~~be signed by the consumer/family/consumer's representative as confirming verification of the hours worked/served.~~ Proof of hours worked must be signed or verified by the member/member's representative before the Qualified Vendor submits the claim for payment.

~~If the therapist is asking for verification of "on behalf of time," the consumer must be provided with detail as to those activities. "On behalf of" does not include report writing as that activity has been calculated as a factor in the published rate.~~

~~4. In order to continue the service, the Qualified Vendor shall review and document in each quarterly report the consumer's progress toward outcomes, including the strengths and challenges of the consumer, family, caregivers or others.~~

65. The Qualified Vendor shall maintain a copy of the member's current physician's order (i.e., prescription) for therapy services in the member's record.

76. —Upon initiation of service for the member and each month thereafter, the Qualified Vendor shall verify and update current information from the ~~member/consumer/parent/family member-or-~~caregivers about the ~~member/consumer's~~ insurance coverage, Third Party Liability ("TPL"). Updated information shall be provided to the member's Support Coordinator in the ~~method from the Division~~ request ~~eds by the Division~~.

~~7. —The Qualified Vendor shall provide and maintain current information about availability, capacity, and contact information in the Division's Therapy Directory as directed by the Division.~~

~~8. —The Qualified Vendor shall submit a discharge summary within two (2) weeks after closure of services or a change of a Qualified Vendor. The Qualified Vendor shall provide and maintain updated information regarding availability, capacity, and contact information in the Division's Therapy Directory as directed by the Division.~~

9. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.